

New to WISEWOMAN? Yes No Initial Clinic Visit Date: _____

Participant ID Number (15): 3 0 0 0 0 _____



WISEWOMAN Program Enrollment

| | | | |
|---|--|---|--|
| Last Name: | First Name: | MI: | Authorized for: <input type="checkbox"/> Glucose/A1C <input type="checkbox"/> Lipid Panel <input type="checkbox"/> Risk Reduction Counseling/Services |
| Address | | | Follow Up Appointment: Date: Appointment For: |
| City | State LA | Zip Code | Patient Date of Birth: |
| Primary Phone Number: OK to leave a message? <input type="checkbox"/> Yes <input type="checkbox"/> No Best time to call: _____ <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. | | | |
| Primary Language <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Arabic <input type="checkbox"/> Chinese <input type="checkbox"/> French <input type="checkbox"/> Italian <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Polish <input type="checkbox"/> Russian <input type="checkbox"/> Tagalog <input type="checkbox"/> Vietnamese <input type="checkbox"/> Creole <input type="checkbox"/> Portuguese <input type="checkbox"/> Hmong <input type="checkbox"/> Other (Specify): _____ <input type="checkbox"/> Prefer not to answer | | What is the highest grade of school you have completed? <input type="checkbox"/> Less than 9th grade (no high school) <input type="checkbox"/> Some high school <input type="checkbox"/> High school graduate or equivalent <input type="checkbox"/> Some college or higher <input type="checkbox"/> Don't know/not sure <input type="checkbox"/> Don't want to answer | |
| Do you need an interpreter? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Race (Mark one or more) <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> American Indian or Alaska Native (specify tribe: _____) <input type="checkbox"/> White/Caucasian <input type="checkbox"/> Native Hawaiian or other Pacific Islander (specify tribe: _____) <input type="checkbox"/> Unknown | | | |
| Latino or Hispanic? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| If you are NEW to WISEWOMAN, how did you learn about this program? (select only one) | | | |
| <input type="checkbox"/> Clinic <input type="checkbox"/> Outreach worker/Organization | <input type="checkbox"/> Friend/Relative <input type="checkbox"/> Internet Search | <input type="checkbox"/> Mailing, Poster, Flyer or Brochure <input type="checkbox"/> Other (specify): _____ | |

WISEWOMAN Healthy Behavior Support Services Enrollment

WISEWOMAN Participants are welcomed to the opportunity to participate in a FREE lifestyle change support group in your community. These programs are called "Healthy Behavior Support Services." They are designed to promote lifelong heart-healthy habits. We understand that change is hard and we want you to have the support and tools you need to make these changes a little easier! Please check one of the boxes below.

___ As a WISEWOMAN, I have been referred to:

___ Yes, as a WISEWOMAN, I would like to be contacted by WISEWOMAN staff to get a referral to:

___ No, as a WISEWOMAN, I am not interested in being referred at this time.
Current barriers to participation include: ___lack of time ___lack of interest in offered programs
___lack of transportation ___Other (Please Specify) _____

___ As a WISEWOMAN, I have been provided with the Well-Ahead Louisiana Community Resource Guide Information for locating local healthy resources!

| | |
|--|-------------|
| WISEWOMAN Participant Signature | Date |
|--|-------------|